

Sample Copy of DFR Packet

DESERTER/ABSENTEE WANTED BY THE ARMED FORCES			1. DATE PREPARED (YYYYMMDD)		REPORT CONTROL SYMBOL DD-P&R(SA)1454
2. TO (Local, State or Federal law enforcement authority as indicated by Military Deserter Information Point) XVIII ABN Corps and Fort Bragg Office of the Provost Marshall Office Fort Bragg, NC 28310			3. FROM (Organization or activity and place from which absent. If unauthorized absence occurs in transit, list old and new unit in Remarks) Commander 126th Finance Battalion Fort Bragg, NC 28310		4. DISTRIBUTION
5. ABSENTEE IDENTIFICATION					
a. NAME (Last, First, Middle Initial) SNUFFY, JOE		b. GRADE/RANK/RATE E4/SPC		c. SEX M	
d. RACE (X one or more) <input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input checked="" type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> DECLINE TO RESPOND		e. ETHNICITY (X one) <input type="checkbox"/> HISPANIC OR LATINO <input checked="" type="checkbox"/> NOT HISPANIC OR LATINO <input type="checkbox"/> DECLINE TO RESPOND			
f. PLACE OF BIRTH (City, State, Country) ATLANTA, GA, USA		g. DATE OF BIRTH (YYYYMMDD) 19810326		h. HEIGHT 76"	i. WEIGHT 215
j. EYE COLOR (X one) <input type="checkbox"/> BLACK <input checked="" type="checkbox"/> BLUE <input type="checkbox"/> BROWN <input type="checkbox"/> GREEN <input type="checkbox"/> GRAY <input type="checkbox"/> HAZEL <input type="checkbox"/> VIOLET		k. HAIR COLOR (X one) <input type="checkbox"/> AUBURN <input checked="" type="checkbox"/> BLACK <input type="checkbox"/> BLOND <input type="checkbox"/> BROWN <input type="checkbox"/> GRAY <input type="checkbox"/> RED <input type="checkbox"/> SILVER <input type="checkbox"/> WHITE <input type="checkbox"/> BALD		l. DIP CONTROL NUMBER	
m. BRANCH OF SERVICE Army		n. SOCIAL SECURITY NO. 123-45-6789		o. CITIZENSHIP US	
p. MARITAL STATUS Single		q. MILITARY OCCUPATION Finance Specialist/73C10			
r. CIVILIAN OCCUPATION None		s. PERMANENT RESIDENCE ADDRESS (Include ZIP Code) 1089 Bunny Drive Atlanta, GA 30215			
6. CURRENT ENLISTMENT			7. ENTRY INTO CURRENT PERIOD OF SERVICE		8. ATTACH PHOTOGRAPH (If available)
a. DATE (YYYYMMDD) 20030411		b. PLACE (City and State) Atlanta, GA		a. DATE (YYYYMMDD) 20030411	
b. PLACE (City and State) Atlanta, GA		b. PLACE (City and State) Atlanta, GA			
9. TIME OF ABSENCE			10. ADMINISTRATIVE DATE OF DESERTION (YYYYMMDD)		
a. DATE (YYYYMMDD) 20040916		b. HOUR 0610		20041017	
11. ESCAPED OR SENTENCED PRISONER (X as applicable)			12. DISCHARGE STATUS (X as applicable)		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," SPECIFY CHARGE			a. DISCHARGED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. SUSPENDED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
13. OPERATOR'S LICENSE			14. VEHICLE LICENSE		
a. NUMBER 049135055	b. STATE GA	c. EXP. DATE (YYYYMMDD) 20060326	a. PLATE NO. 7988 AFR	b. STATE GA	c. EXP. DATE (YYYYMMDD) 200407
d. TYPE					
15. VEHICLE					
a. VEHICLE IDENTIFICATION NUMBER	b. YEAR 2002	c. MAKE HONDA	d. MODEL ACCORD	e. STYLE 4DR	f. COLOR BLUE
16. RELATIVES AND/OR PERSONS KNOWN BY ABSENTEE (If more space is needed, continue in Remarks or on a separate page, making reference to this item number.)					
a. NAME (Last, First, Middle Initial)			b. ADDRESS (Include ZIP Code)		
(1) ARNOLD SNUFFY			1089 BUNNY LANE		
(2) TERESA SNUFFY			1089 BUNNY LANE ATLANTA, GA 30215		
(3)					
(4)					
(5)					

17. CERTIFICATION (See Notes)

The undersigned states: That he/she is a commissioned officer of the United States ARMY (Military Department), presently assigned as the Commanding Officer, 126 TH FINANCE BN (Unit from which the alleged deserter absented himself or herself), and in the performance of official duties imposed by Department of Defense Directive 1325.2 and (Regulations of the Service concerned which implement DOD Directive 1325.2, e.g. Army Regulations 190-9 and 630-10), he/she has conducted an investigation into the status of SPC SNUFFY, JOE (Name and rank of alleged deserter), a member of the United States Armed Forces serving on active duty with 126TH FINANCE BN (Unit and Service from which the alleged deserter absented himself or herself), by questioning his/her unit cohorts; by examining and verifying the field service records of said service member which reflect his/her duty status; by requesting the member's next of kin to urge his/her voluntary return to military control if they are aware of his/her whereabouts; by inquiring to the fullest extent possible into the feasibility of other explanations for the member's absence, to include sickness, injury, hospitalization, and confinement by civil law enforcement officials; and officially ordered diversion from his/her unit of assignment by querying the member's losing unit (and en route temporary duty unit), the appropriate career management division, the servicing replacement organization, and the servicing Military Personnel and Transportation Assistance Office (and (See Note 1)).

That based on the aforesaid investigation, the undersigned has personal knowledge that, on or about 20040916 (Date - YYYYMMDD), SPC SNUFFY, JOE (Name and rank of alleged deserter), did, without authority and with intent to remain away therefrom permanently, absent himself/herself from his/her unit/organization/place of duty, to wit: (See item 3 above) located at (See item 3) in violation of Section 885, Title 10, United States Code and he/she has remained continuously so absent until (Date this statement is executed - YYYYMMDD). I state under penalty of perjury (under the laws of the United States of America (See Note 2) that the foregoing is true and correct. Executed on 20041018 (Date - YYYYMMDD).

NOTES:

1. For use only when a servicemember fails to report to a gaining unit of assignment during a permanent change of station.
2. For use only when statement is executed outside the United States, its territories, possessions and commonwealths.

18. COMMANDING OFFICER

a. TYPED NAME (Last, First, Middle Initial) JOHNSON, RICHARD NMN	b. RANK CPT	c. TITLE FINANCE COMMANDER
d. ORGANIZATION AND INSTALLATION 126TH FINANCE BN FORT BRAGG, NC 28310	e. SIGNATURE (All copies) COMMANDER'S SIGNATURE	f. DATE SIGNED (YYYYMMDD)

19. REMARKS (List peculiar habits and traits of character; unusual mannerisms and speech; peculiarities in appearance; clothing worn; aliases (names); marks and scars; tattoos; facial characteristics; complexion, posture; build, other SSN's used by individual; or other data that may assist in identification.

1. Suspected reasons for absence: Family problems
2. Soldier was not pending any investigation
3. No pending actions were administered due to soldier self referral to SAARS
4. Soldier maybe living with relatives in Atlanta, GA.

CHARGE SHEET

I. PERSONAL DATA

1. NAME OF ACCUSED <i>(Last, First, Middle Initial)</i> SNUFFY, JOE		2. SSN 123-45-6789	3. GRADE OR RANK spc	4. PAY GRADE E-4
5. UNIT OR ORGANIZATION 126TH FINANCE BN FORT BRAGG, NC 28310			6. CURRENT SERVICE	
			a. INITIAL DATE 20031104	b. TERM 36 MONTHS
7. PAY PER MONTH			8. NATURE OF RESTRAINT OF ACCUSED	
a. BASIC 1,558.20	b. SEA/FOREIGN DUTY 0.00	c. TOTAL 1,558.20	9. DATE(S) IMPOSED AWOL: 20040916 DFR: 20041017	

II. CHARGES AND SPECIFICATIONS

10. CHARGE: VIOLATION OF THE UCMJ, ARTICLE

SPECIFICATION:

IN THAT SPC SNUFFY, JOE, U.S. ARMY DID ON OR ABOUT 20040916, WITHOUT AUTHORITY AND INTENT TO REMAIN AWAY THEREFROM PERMANENTLY, ABSENT HIMSELF FORM HIS UNIT, TO WIT: 126TH FINANCE BN, LOCATED AT FORT BRAGG, NC, AND DID REMAIN SO UNTIL HE WAS ABSENT IN DESERTION UNTIL HE WAS APPREHENDED ON OR ABOUT _____.

III. PREFERRAL

11a. NAME OF ACCUSER <i>(Last, First, Middle Initial)</i> JOHNSON, RICHARD NMN	b. GRADE O-3	c. ORGANIZATION OF ACCUSER 126TH FINANCE BN
d. SIGNATURE OF ACCUSER COMMANDER'S SIGNATURE		e. DATE (YYYYMMDD)

AFFIDAVIT: Before me, the undersigned, authorized by law to administer oath in cases of this character, personally appeared the above named accuser this 18TH day of OCTOBER, 2004, and signed the foregoing charges and specifications under oath that he/she is a person subject to the Uniform Code of Military Justice and that he/she either has personal knowledge of or has investigated the matters set forth therein and that the same are true to the best of his/her knowledge and belief.

SHARIF M IRICK

Typed Name of Officer

126TH FINANCE BN

Organization of Officer

O-3

Grade

ADJUTANT

*Official Capacity to Administer Oath
(See R.C.M. 307(b) must be commissioned officer)*

SIGNATURE OF ADJUTANT

Signature

12. On _____, _____, the accused was informed of the charges against him/her and of the name(s) of the accuser(s) known to me (See R.C.M. 308(a)). (See R.C.M. 308 if notification cannot be made.)

Typed Name of Immediate Commander

Organization of Immediate Commander

Grade

Signature

IV. RECEIPT BY SUMMARY COURT-MARTIAL CONVENING AUTHORITY

13. The sworn charges were received at 1000 hours, 18 OCTOBER, 2004 at 126TH FINANCE BN
Designation of Command or

Officer Exercising Summary Court-Martial Jurisdiction (See R.C.M. 403)

FOR THE ¹ _____

CEDRIC T. JOHNSON

Typed Name of Officer

O-5

Grade

BATTALION COMMANDER

Official Capacity of Officer Signing

SIGNATURE OF BN COMMANDER

Signature

V. REFERRAL; SERVICE OF CHARGES

14a. DESIGNATION OF COMMAND OF CONVENING AUTHORITY

b. PLACE

c. DATE (YYYYMMDD)

Referred for trial to the _____ court-martial convened by _____

_____, _____, subject to the following instructions: ²

By _____ of _____
Command or Order

Typed Name of Officer

Official Capacity of Officer Signing

Grade

Signature

15. On _____, _____, I (caused to be) served a copy hereof on (each of) the above named accused.

Typed Name of Trial Counsel

Grade or Rank of Trial Counsel

Signature

FOOTNOTES: 1 - When an appropriate commander signs personally, inapplicable words are stricken.
2 - See R.C.M. 601(e) concerning instructions. If none, so state.

REPORT TO SUSPEND FAVORABLE PERSONNEL ACTIONS (FLAG)

For use of this form, see AR 600-8-2; the proponent agency is MILPERCEN.

SECTION I - ADMINISTRATIVE DATA

1. NAME (Last, First, MI) SNUFFY, JOE	2. SSN 123-45-6789	3. RANK SPC
4. <input checked="" type="checkbox"/> On active duty <input type="checkbox"/> Not on active duty <input type="checkbox"/> On ADT	5. ETS/ESA/MRD 20060311	
6. UNIT ASSIGNED AND ARMY MAJOR COMMAND 126TH FINANCE BATTALION FORT BRAGG, NC 28310		7. STATION (Geographical location) FORT BRAGG, NC
8. PSC CONTROLLING FLAGGING ACTION AND TELEPHONE NUMBER INSTALLATION AG, PERSONNEL SERVICE DIVISION, FORT BRAGG, NC 28310 (910) 396-3729		
9. THIS ACTION IS TO: <input checked="" type="checkbox"/> Initiate a flag (Sections II and V only) <input type="checkbox"/> Transfer a flag (Sections III and V only) <input type="checkbox"/> Remove flag (Sections IV and V only)		

SECTION II - INITIATE A FLAG

10. <input checked="" type="checkbox"/> A FLAG IS INITIATED, EFFECTIVE	20061012	FOR THE FOLLOWING REASON:
<u>NON-TRANSFERABLE</u>		<u>TRANSFERABLE</u>
<input checked="" type="checkbox"/> Adverse action (A)	<input type="checkbox"/> APFT failure (J)	
<input type="checkbox"/> Elimination - field initiated (B)	<input type="checkbox"/> Weight control program (K)	
<input type="checkbox"/> Removal from selection list - field initiated (C)		
<input type="checkbox"/> Referred OER (D)		
<input type="checkbox"/> Security violation (E)		
<input type="checkbox"/> HQDA use only - elimination or removal from selection list (F)		

SECTION III - TRANSFER A FLAG

11. <input type="checkbox"/> A FLAG IS TRANSFERED FOR THE FOLLOWING REASON:	<input type="checkbox"/> APFT failure (J)
<input type="checkbox"/> Adverse action - HQDA directed reassignment (G)	<input type="checkbox"/> Weight control program (K)
<input type="checkbox"/> Adverse action - punishment phase (H)	
<input type="checkbox"/> Supporting documents attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION IV - REMOVE A FLAG

12. <input type="checkbox"/> A FLAG IS REMOVED, EFFECTIVE	FOR THE FOLLOWING REASON:
<input type="checkbox"/> Case closed favorably (C)	<input type="checkbox"/> Soldier transferred to a different Army component or discharged while case in process (destroy case file) (E)
<input type="checkbox"/> Disciplinary action taken (D)	<input type="checkbox"/> Other final action (E)

SECTION V - AUTHENTICATION

DISTRIBUTION 1 - Unit Commander 1 - F&AO 1 - PSC 1 - Commander, gaining unit (transfer flag only)		
NAME, RANK, TITLE, AND ORGANIZATION RICHARD JOHNSON CPT, FI, Commanding	SIGNATURE	DATE 20061013

PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O. 9397.
PRINCIPAL: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).
ROUTINE USES: To initiate the processing of a personnel action being requested by the soldier.
DISCLOSURE: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code) COMMANDER 126TH FINANCE BATTALION ATTN: S-1 FORT BRAGG, NC 28310	2. TO (Include ZIP Code) INSTALLATION AG PERSONNEL SERVICE DIVISION ATTN: AWOL SECTION FORT BRAGG, NC 28310	3. FROM (Include ZIP Code) COMMANDER 126TH FINANCE BATTALION FORT BRAGG, NC 28310
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SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) SNUFFY, JOE	5. GRADE OR RANK/PMOS/AOC E-4/SPC/73C10	6. SOCIAL SECURITY NUMBER 123-45-6789
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SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above soldier's duty status is changed from Present for duty to
AWOL effective 600 hours, 20060816 0

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify)
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	<input type="checkbox"/> Change of duty status

9. SIGNATURE OF SOLDIER (When required)

10. DATE (YYYYMMDD)
20060816**SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)**

1. HAIR COLOR: BLACK
 2. EYE: BROWN
 3. WEIGHT: 204
 4. HEIGHT: 73"
 5. DOB: 19770222
 6. POB: BIRMINGHAM, ALABAMA
 7. SECURITY CLEARANCE: SECRET
 8. ALIASES/NICKNAMES: N/A
 9. MARITAL STATUS: MARRIED
 10. GENDER: MALE
 11. RACE: AFRICAN AMERICAN
 12. CITIZENSHIP: USA
 13. A CHECK OF LOCAL JAILS AND HOSPITALS WAS MADE TO ENSURE THE SOLDIER WAS NOT CONFINED OR ADMITTED.
 14. POSSIBLE LOCATIONS OF ABSENTEE: BIRMINGHAM, ALABAMA

SOLDIER FAILED TO REPORT IN FOR DUTY 0900 HOURS THE 16TH DAY OF AUGUST 2006.
 SOLDIER'S DUTY STATUS CHANGED EFFECTIVE 0900 HOURS THE 17 DAY OF AUGUST 2006.

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

☒ HAS BEEN VERIFIED ☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE MICHAEL BOWLES, CPT, FI, CDR	13. SIGNATURE	14. DATE (YYYYMMDD) 20060820
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PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O. 9397.
PRINCIPAL: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).
ROUTINE USES: To initiate the processing of a personnel action being requested by the soldier.
DISCLOSURE: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code) COMMANDER 126TH FINANCE BATTALION ATTN: S-1 FORT BRAGG, NC 28310	2. TO (Include ZIP Code) INSTALLATION AG PERSONNEL SERVICE DIVISION ATTN: AWOL SECTION FORT BRAGG, NC 28310	3. FROM (Include ZIP Code) COMMANDER 126TH FINANCE BATTALION FORT BRAGG, NC 28310
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SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) SNUFFY, JOE	5. GRADE OR RANK/PMOS/AOC E-4/SPC/73C10	6. SOCIAL SECURITY NUMBER 123-45-6789
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SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above soldier's duty status is changed from AWOL to DFR effective 600 hours, 17 SEPTEMBER 2006

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify) DFR
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required)

10. DATE (YYYYMMDD)
20060917**SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)**

1. HAIR COLOR: BLACK
 2. EYE: BROWN
 3. WEIGHT: 204
 4. HEIGHT: 73"
 5. DOB: 19770222
 6. POB: BIRMINGHAM, ALABAMA
 7. SECURITY CLEARANCE: SECRET
 8. ALIASES/NICKNAMES: N/A
 9. MARITAL STATUS: MARRIED
 10. GENDER: MALE
 11. RACE: AFRICAN AMERICAN
 12. CITIZENSHIP: USA
 13. A CHECK OF LOCAL JAILS AND HOSPITALS WAS MADE TO ENSURE THE SOLDIER WAS NOT CONFINED OR ADMITTED.
 14. POSSIBLE LOCATIONS OF ABSENTEE: BIRMINGHAM, ALABAMA

SOLDIER FAILED TO RETURN BACK TO MILITARY CONTROL
 SOLDIER'S DUTY STATUS CHANGED EFFECTIVE 0900 HOURS THE 17 DAY OF SEPTEMBER 2006.

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

☒ HAS BEEN VERIFIED ☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE MICHAEL BOWLES, CPT, FI, CDR	13. SIGNATURE	14. DATE (YYYYMMDD) 20060820
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REPORT OF UNFAVORABLE INFORMATION FOR SECURITY DETERMINATION

For use of this form see AR 190-56; the proponent agency is ODCSOPS

1. REPORTING COMMANDER COMMANDER ATTN: S-2 3RD BN, 4TH ADAR, FT BRAGG, NC 28310		2. SUPPORTING SPECIAL SECURITY OFFICE (Sensitive Compartmented Information Only)	
3. UNIT IDENTIFICATION CODE WH1ZT0		4. SOCIAL SECURITY NUMBER 123-45-6789	
5a. NAME (Last, first, MI) SNUFFY, JOE MATTHEW		5b. ALIASES (Former/Maiden name) NONE	
6a. DATE OF BIRTH (Year, month, day) 1977-01-05	6b. PLACE OF BIRTH (State or Country) ALABAMA	7a. RANK SSG	7b. STATUS (see Item 16) B
8a. CURRENT CLEARANCE SECRET	8b. SCI (Check appropriate box) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	8c. DATE GRANTED 2005-08-10	8d. DATE/TYPE OF INVESTIGATION NACLC/ 2004 10 11
9. TYPE OF REPORT (Check appropriate box) <input type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOW-UP <input checked="" type="checkbox"/> FINAL			
10. UNIT ACTION TAKEN (Check appropriate box) <input type="checkbox"/> SCI ACCESS SUSPENDED <input type="checkbox"/> ACCESS NOT SUSPENDED <input checked="" type="checkbox"/> COLLATERAL ACCESS SUSPENDED (873 Forwarded)			
11. BASIS OF REPORT a. OFFENSE/ALLEGATION SM FAILED TO REPORT TO DUTY AT 0900 ON 10 SEP 06. SM'S DUTY STATUS CHANGED TO AWOL EFFECTIVE 0900 11 SEP 06. b. ACTION TAKEN SM'S DUTY STATUS CHANGED TO AWOL EFFECTIVE 11 SEP 06 c. CDR'S RECOMMENDATION RECOMMEND THAT ACCESS BE SUSPENDED. CEDRIC JOHNSON, CPT, AD, CMD			
12. INCLOSURES DA FORM 4187			
13. DATE 2006-09-15	14. TYPED NAME, GRADE, TITLE, AND AUTOVON NO. GREEN, JACCI, CPT, SECURITY MANAGER 910-396-6911	15. SIGNATURE OF SECURITY MANAGER/AUTHORIZED OFFICIAL	
16. A - AAFES C - DA CIVILIAN (DAC) E - ACTIVE ENLISTED/OCS F - NAF G - ACTIVE GENERAL OFFICER I - INACTIVE USAR OTHER (Explain)		J - DAC AND ACTIVE USAR K - DAC AND INACTIVE USAR L - DAC AND ARNG M - DAC AND DOD AFFILIATION N - ARNG O - ACTIVE OFFICER R - ACTIVE USAR S - SUMMER HIRE T - CIVILIAN CONTRACTOR W - ACTIVE WARRANT OFFICER X - RED CROSS Z - ROTC CADET	

DEPARTMENT OF THE ARMY
126TH FINANCE BATTALION
FORT BRAGG, NORTH CAROLINA 28310-5000

OFFICE SYMBOL

February 14, 2005

MEMORANDUM FOR Record

SUBJECT: Status of Security Clearance

1. Reference AR 380-67, Paragraph 3-401
2. Individual listed below currently has a security clearance.

Name: SNUFFY, JOE

SSN: 123-45-6789

Rank: SPC

Unit: 126th Finance Battalion

Security Clearance: Secret/invalid 15 October 2004 by Defense Security Services

3. POC for this request is MSG Greene, BN S2, at 432-4916

Jacqueline Greene
MSG, USA
Battalion S-2

DEPARTMENT OF THE ARMY
126TH FINANCE BATTALION
FORT BRAGG, NORTH CAROLINA 28310-5000

OFFICE of the Commander

18 September 2004

Arnold and Teresa Snuffy
1089 Bunny Lane
Atlanta, GA 30215

Dear Mr. and Mrs. Snuffy,

I regret to inform you that SPC Joe Snuffy has been absent without leave from the unit since 16 September 2004. We are concerned about his well-being and want to ensure that he is safe. If you know where he is, please urge him to return immediately to military control at the nearest military installation in order to avoid prolonged unauthorized absence.

If SPC Snuffy is deliberately absent without leave, his continuing absence could result in a trial by court martial with loss of pay and allowances. This could mean that his dependents would lose all rights to receive allotments, medical care, commissary and Post Exchange privileges and other military benefits. Continued absence could also result in confinement or dismissal with other than honorable or bad conduct discharge. Rest assured that if he does return, he would be given a fair hearing and the opportunity to present any information on his behalf.

Again if you know where your son is, please urge him to return to the unit immediately where we can resolve this situation together.

Sincerely,

Richard Johnson
CPT, FI
Commanding

DEPARTMENT OF THE ARMY
126TH FINANCE BATTALION
FORT BRAGG, NORTH CAROLINA 28310-5000

OFFICE of the Commander

18 October 2005

Arnold and Teresa Snuffy
1089 Bunny Lane
Atlanta, GA 30215

Dear Mr. and Mrs. Snuffy,

I refer to my letter of September 18, 2004 in which I informed you that Specialist Snuffy, Joe had been absent without leave from this organization since September 16, 2004. Regrettably, he has been dropped from rolls of this organization effective 17 October 2004. Regulatory requirements dictate that he also be administratively classified as a deserter from the United States Army. Additionally, civilian and military law enforcement agencies have been notified of specialist Snuffy's status and have been requested to apprehend him per regulatory requirements. Unfortunately, spouse/family members of military personnel classified as deserters are not eligible for Post Exchange, commissary, medical care, or other military privileges.

If you know the whereabouts of Specialist Snuffy, please urge him to return to military control without delay.

Sincerely,

Richard Johnson
CPT, FI
Commanding

For use of this form, see 700-84; the proponent agency is ODCSLOG

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: TITLE 10, USC 3012.

PRINCIPAL PURPOSE: The issue-in-kind personal clothing records provide an accountable document for clothing received by Reserve component enlisted soldier.

ROUTINE USES: The information furnished is used solely for the purpose of identifying the individual so that the clothing record will be filed in the correct Military Personnel Records Jacket.

DISCLOSURE: Voluntary.

THIS IS A PERMANENT RECORD

[illegible]

DA FORM 4886, MAY 93

EDITION OF JUN 91 IS OBSOLETE

USAPPC V1.10

Figure 14–1. Sample of a completed DA Form 4886 (Front)

THIS IS A PERMANENT RECORD																	
NAME (Last, First, MI) GRADE AND SSN	SIZE	AUTH	INSTRUCTIONS: Entries in ink: name, SSN, quantity, date, and signature.														
Jones, John W. PVT 123-45-6789			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
PERSONAL CLOTHING ITEMS																	
(Male)																	
Buckle Brass		1	/														
Drawers, Brown		1	/														
Necktie, Black	L	1	/														
Socks, Ctn/Nylon	L	3	5														
Trousers AG	44	2	2														
Undershirt, White			/														
(Female)																	
Handbag, Blk																	
Necktie, Universal																	
Skirt Poly/wool AG																	
Socks Poly/wool AG																	
DATE			31 Oct 93														
REMARKS			<div style="border: 1px solid black; padding: 5px; transform: rotate(-90deg); transform-origin: center;"> John W. Jones </div>														

REVERSE OF DA FORM 4886, MAY 93

USAPPC V1.10

Figure 14-1. Sample of a completed DA Form 4886 (Back)

b. Entitlements to initial personal clothing allowances are discussed in chapter 4. Replacement of clothing is on a one-to-one basis, such as boots for boots, or camouflage uniforms for camouflage uniforms. Minimum usage criteria under which clothing exchanges are authorized is established as 3 years from date of initial issue. Exceptions must be authorized by the unit commander. Replacement clothing is clothing issued to replace lost, damaged, or destroyed clothing. If due to fair wear and tear and not to fault or negligence of the individual, the replacement clothing is free. If due to fault or negligence, replacement is at the individuals' expense.

c. Exchanged or surplus items will be turned in to the support installation for disposition. Prior to turn-in of clothing to the supply system—

INSTALLATION CLEARANCE RECORD

For use of this form, see AR 600-8-101; the proponent agency is DCS, G1

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Section 301, Title 5, USC.

PRINCIPAL PURPOSE: To ensure soldier readiness before PCS. To complete clearance verification before transition from active duty, transfer to another Service or Component, separation, discharge, or retirement.

ROUTINE USES: To close out installation personnel and finance records. To ensure that debt to the government and its instrumentalities is identified and that action is taken to obtain payment before the soldier's transition from active duty, separation or retirement. Forms will not be disclosed outside the Department of Defense (DoD) and DoD sponsored agencies.

DISCLOSURE: Disclosure is voluntary; however, failure to complete this form may result in only partial payment of final pay.

INSTRUCTIONS TO THE SOLDIER: This out-processing packet is designed to assist you and the installation in completing your final clearance as accurately and expeditiously as possible. It is your responsibility to complete this checklist properly. If you are separating or retiring from the Active Army, failure to complete this checklist correctly and entirely will result in you receiving 55 percent of your final pay pending verification by DFAS of any outstanding debts. Activities marked with an @ require clearance for all soldiers separating or retiring from the Active Army, including AGR personnel. Activities marked with an asterisk (*) require clearance for soldiers departing on PCS. Activities not marked will be cleared per installation instructions. This checklist must be completed before your final military pay appointment. Separation payments will not be released until installation clearance is completed. Provide any additional information in Remarks, block 17.

SECTION A - PERSONNEL DATA (To be completed by the commander, S1, processing control station, or appointed official)

1. NAME	2. RANK	3. SSN	4. ORDERS NO.
5. GAINING UNIT	6. LOSING UNIT	7. DATE OF ORDERS (YYYYMMDD)	9. DEPARTURE DATE (YYYYMMDD)

8. REASON FOR CLEARING

☐ PCS
 ☐ ETS
 ☐ RETIREMENT
 ☐ OTHER (Specify)

SECTION B - INSTALLATION STANDARD CLEARANCES

10. INSTALLATION ACTIVITY	11. YES	12. DEBT AMOUNT	13. NO	14. TYPED NAME	15. TELEPHONE NO.	16. SIGNATURE
a. Personnel Information @*						
b. Personnel Management @*						
c. Medical Facility @*						
d. TRICARE Service Center Health Benefits Advisor or Medical Element Equivalent @*						
e. Dental Facility @*						
f. DEERS/RAPIDS/ID Cards and Tags @*						
g. Transportation Office @*						
h. Central Issue Facility @*						
i. Education Center @*						
j. Army Emergency Relief @*						
k. Post Exchange @						

10.	11.	12.	13.	14.	15.	16.
INSTALLATION ACTIVITY	YES	DEBT AMOUNT	NO	TYPED NAME	TELEPHONE NO.	SIGNATURE
l. Security Office *						
m. Provost Marshal						
n. Housing Office						
o. Army Community Services Center						
p. Commercial Activities						
q. Morale, Welfare, and Recreation Fund Manager						
r. Training Aids Center						
s. Commissary						
t. Child and Youth Services/School Liaison Officer						
u. Reserve Component Career Counselor						
v. Lodging Office						
w. Has the soldier completed ACAP processing? @						
17. REMARKS:						

18. MILITARY PAY CLEARANCES

18. MILITARY PAY CLEARANCES

a. MILITARY PAY OFFICE

b. TYPED NAME

C. TELEPHONE NO.

d. SIGNATURE

e. DATE (YYYYMMDD)

Processing @*

Pay Processing @

@ Missing

SECTION D - PROCESSING CONTROL STATION

19a Does the soldier have a signed, authenticated, and dated Service Member Deployment History Out-processing Verification form? @*

YES ☐ NO ☐

	YES	NO
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a. TYPED NAME

b. TELEPHONE NO.

C. SIGNATURE

d. DATE (YYYYMMDD)

	YES	NO
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